

**ALTERNATIVE BENEFITS**  
**STATE PLAN AMENDMENT**  
**BENCHMARK BENEFIT PACKAGE**  
**BENCHMARK EQUIVALENT BENEFIT PACKAGE**

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**Disease Management and Get Healthy Benefits**

Kentucky Medicaid will offer the following disease management programs described on pages 10.26 through 10.40.

- Diabetes Initiative
- COPD/Adult Asthma Initiative
- Pediatric Obesity Initiative
- Cardiac – Heart Failure Initiative
- Pediatric Asthma Initiative

Medicaid members may select from one of the following Get Healthy Benefits upon successful participation for one year in a disease management program and completion of a Centers for Disease Control and Prevention recommended age and periodicity screening guidelines:

- Limited allowance for dental services not to exceed \$50
- Limited allowance for vision hardware services not to exceed \$50
- Five visits to a nutritionist (registered dietician) for meal planning and counseling
- Two months of smoking cessation through a local health department, including two months of nicotine replacement therapy

Members will have six months after selecting a Get Healthy Benefit to access the benefit. Failure to access the benefit in within six months will result in loss of the benefit.

Additionally, any individual who no longer participates in the Medicaid program will be immediately ineligible to access a Get Healthy Benefit.

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**Diabetes Initiative**

**Program Description**

The Department for Medicaid Services (DMS), Division of Medical Management and Quality Assurance (MMQA) implemented this initiative to provide the following goals:

- To improve quality of life for members with diabetes.
- To educate the members to be better prepared to manage their diabetes.
- Promote appropriate use of healthcare resources.
- Decrease work absences.
- Improve self-management of diabetes.
- Standards of Care adopted and guidelines followed by providers and members.

This initiative has targeted the age ranges of eighteen (18) years of age and older. The counties selected to participate in the pilot include Bell and Floyd.

Introductory letters were initially forwarded to providers and members. We wish to continue to encourage our healthcare providers for their input and assistance with this initiative. DMS MMQA continues to look forward to partnering with our providers, health departments and community resources to improve the lives of Kentuckians affected by diabetes.

Specific guidelines (for example) include the American Diabetes Association (ADA). A chart abstraction was performed that included diabetic history, symptoms/findings- blood pressure, A1c, proteinuria, lipid profile, microalbuminuria, foot exam, eye exam.

Member and provider mailings to continue every quarter. A newsletter is one format to provide educational information. Staff are available to assist with member calls, and nursing staff to answer questions as needed.

**Clinical Guidelines and Standards**

- American Diabetes Association (ADA)



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**Summary Data and Map**  
**Diabetes**

**Member Population = Females and Males with an age range over the age of 18**  
**CY 2005**



**Original Member Letter and Provider Letter Mail Out**

County Name	Unduplicated Member Count	Unduplicated Provider Count	Member Opt Out
BELL	526	24	13
Floyd	755	29	26
<b>Grand Total</b>	<b>1,281</b>	<b>53</b>	<b>39</b>

**First Quarter Original Member Newsletter Mail Out**

County Name	Unduplicated Member Count
BELL	513
Floyd	729
<b>Grand Total</b>	<b>1,242</b>

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Eye Brochure Original and First Quarter New Member Mail Out

County Name	Unduplicated Member Count	Member Opt Out	FH Identified	Undup. 1Q Member Count	GRNAD TOTAL FOR MAIL OUT
BELL	526	13	15	617	
Floyd	755	26	21	490	
<b>Grand Total</b>	1,281	39	36	1,107	2,078



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**COPD/Adult Asthma Initiative**

**Program Description**

The Department for Medicaid Services Division of Medical Management and Quality Assurance has implemented the COPD/Adult Asthma Disease Management Program. The pilot counties selected include Letcher, Perry, and Whitley.

The goals of this program:

- Improve quality of life for members with COPD and /or asthma.
- Educate members to be better prepared to manage their COPD and/or asthma.
- Prevent acute exacerbations of asthma.
- Prevent admissions to the hospital and emergency department visits.
- Promote appropriate use of healthcare resources.
- Minimize work absences.

Introductory letters to be forwarded to healthcare providers and members. Members identified to have COPD and/or asthma will receive newsletters to include an example of an asthma action plan (following the National Heart, Lung, and Blood Institute Guidelines), COPD, asthma and smoking cessation educational information. The members will be encouraged to contact their healthcare providers to schedule an appointment for evaluation, and establishment of a plan of treatment.

The Department for Medicaid Services , Division of Medical Management and Quality Assurance to partner with our providers, health departments, and community resources to improve the lives of Kentuckians affected by COPD and/or asthma.

**Clinical Guidelines and Standards**

- National Heart, Lung, and Blood Institute (NHLBI)
- National Institutes of Health (NIH)

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**Summary Data and Map**  
**COPD / Adult Asthma**  
**Member Population = Females and Males with an age range over the age of 18**  
**CY 2005**



Original Member Letter and Provider Letter Mail Out

County Name	Unduplicated Member Count	Unduplicated Provider Count
LETCHER	153	29
Perry	183	47
Whitley	211	62
<b>Grand Total</b>	<b>547</b>	<b>138</b>



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**Pediatric Obesity Initiative**

**Program Description**

The target population for this program is members age 5-12 identified with diagnosis of obesity.

The goals of this program are to:

- Improve the quality of life.
- Educate the parent and child to promote healthy weight and physical activity.
- Prevent medical complications and co-morbidity's.
- Promote appropriate use of health care resources.
- Decrease school absences.
- Improve self-esteem.

The methods for identifying these members were paid claims and pharmacy data. We will also accept member and provider referrals to this program.

The Department for Medicaid Services, Division of Medical Management/Quality Assurance is asking the providers assistance in coordinating this implementation. We are planning to approach public health and the school system as partners in this program. The providers will receive a letter that includes a copy of the member letter, HRA assessment "Food for Thought" questionnaire and a tips for healthy eating and physical activity. The Regional Medicaid Nurse will be available to support this program via provider and member education.

Information will be distributed through mailings; the goal is to make this information available via web site, health fairs or classes and partnerships with pharmaceutical companies. This program will be implemented the week of September 26, 2005. Additional mailings will include educational materials on nutrition guidelines, food pyramid and physical activity education.

**Clinical Guidelines and Standards**

- Center for Disease Control (CDC)
- National Heart, Lung, and Blood Institute (NHLBI)
- American Academy of Pediatrics (AAP)

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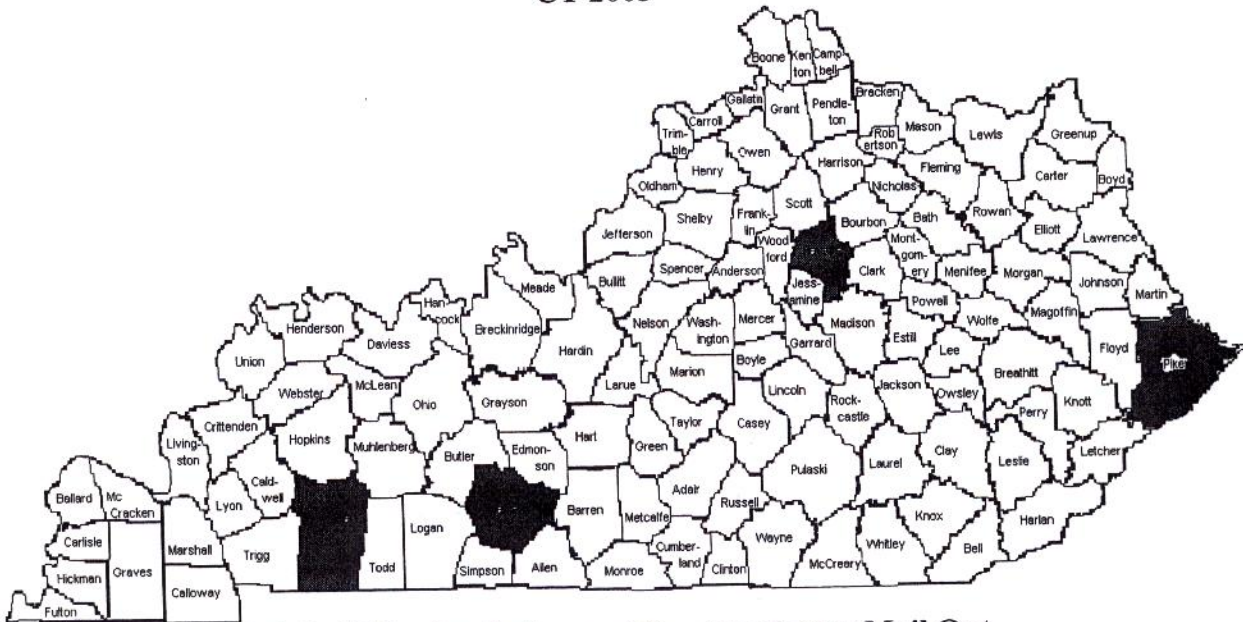
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**Summary Data and Map**  
**Pediatric Obesity**  
**Member Population = Females and Males with an age range 5 to 12**  
**CY 2005**



**Original Member Letter and Provider Letter Mail Out**

County Name	Unduplicated Member Count	Unduplicated Provider Count	Member Opt Out
CHRISTIAN	41	33	3
Fayette	92	95	2
Pike	124	65	0
Warren	16	53	0
<b>Grand Total</b>	<b>273</b>	<b>246</b>	<b>5</b>



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**First Quarter Original and New Member Newsletter and Provider Newsletter Mail Out**

<b>County Name</b>	<b>Unduplicated Member Count</b>	<b>Unduplicated 1Q New Member Count</b>	<b>Members found in both original and 1Q Data</b>	<b>Provider Count</b>
<b>CHRISTIAN</b>	39	13	12	33
<b>Fayette</b>	90	95	51	95
<b>Pike</b>	124	58	49	65
<b>Warren</b>	16	27	10	53
<b>Grand Total</b>	269	193	122	246

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**Cardiac – Heart Failure Initiative**

**Program Description**

The first initiative for the Cardiac Disease Management Program will be Heart Failure. The target population for this program is members 20 years and older (including dual members of Medicare and Medicaid) identified with diagnosis of Heart Failure. We will exclude diagnosis of heart failure with renal failure requiring renal dialysis and members in long term care facilities.

The goals of this program are:

- To improve quality of care.
- Prevent or delay complications.
- Promote continuity of care.
- Promote efficient use of healthcare resources.
- Improve self-management of heart failure.

The methods for identifying these members were paid claims and pharmacy data. We will also accept member and provider referrals to this program.

The Department for Medicaid Services, Division of Medical Management/Quality Assurance is asking the providers assistance in coordinating this implementation. We are partnering with the Kentucky Heart Disease and Stroke Prevention Program in the Department of Public Health and the American Heart Association. The providers will receive a newsletter containing some of the educational information that was provided in the member's newsletter, and "Tracking Your Symptoms" chart. Also included in the provider packet will be the American Heart Association "Get With The Guideline<sup>sm</sup> – Heart Failure" and the web site for "The American College of Cardiology/American Heart Association (ACC/AHA) 2005 Practice Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult" summary article. The Medicaid Nurse will be available to support this program via provider and member education.

Educational materials and information will be distributed through mailings. The goal is to make these educational materials and information available via the World Wide Web, health fairs or classes and partnerships with pharmaceutical companies. This program will be implemented the week of October 21, 2005. Additional mailings will include educational materials on specific topics concerning Heart Failure.

"The American College of Cardiology/American Heart Association 2005 Practice Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult" and the American Heart Association "Get With The Guideline<sup>sm</sup>-Heart Failure" are the guidelines used in this Cardiac Disease Management program.



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**Clinical Guidelines and Standards**

- “American College of Cardiology / American Heart Association 2005 Guidelines for Heart Failure Update for the Diagnosis and Management of Chronic Heart Failure”.
- AHA “Get With The Guideline<sup>sm</sup> – Heart Failure”.
- QAPI Heart Failure Quality Indicators.

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**Summary Data and Map**  
**Cardiac – Heart Failure Initiative**  
**Member Population = Females and Males of all ages**  
**CY 2005**



**Original Member Newsletters and Provider Newsletter Mail Out**

County Name	Unduplicated Member Count	Unduplicated Provider Count
CLAY	139	50
Fayette	272	131
McCreary	99	32
<b>Grand Total</b>	<b>510</b>	<b>213</b>

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**Pediatric Asthma Initiative**

**Program Description**

The Department of Medicaid Services (DMS), Division of Medical Management and Quality Assurance (MMQA) implemented this initiative to provide the following goals:

- To improve quality of life for children with asthma.
- To educate the parent and child to be better prepared to manage asthma.
- To prevent acute exacerbations of asthma episodes.
- Promote appropriate use of healthcare resources.
- Decrease school absences.
- Improve self-management of asthma.

This initiative has targeted the age ranges of five (5) to seventeen (17) years of age. The counties selected to participate in the pilot include Perry, Pike and Powell.

An introduction letter was previously forwarded to providers and members. We wish to continue to encourage our healthcare providers for their input and assistance with this initiative. DMS MMQA continues to look forward to partnering with our providers, health departments and community resources to improve the lives of Kentuckians affected by asthma.

We have adopted specific guidelines for example of the National Heart, Lung, and Blood Institute (NHLBI). A chart abstraction was performed that included demographics, history, medications, utilization of services and education.

First mailing (for example) included an Asthma Action Plan (source: NHLBI) and Asthma Fact Sheet with information about "Asthma Is a Lung Disease", and "Managing Asthma and Asthma Triggers". Staff are available to assist with member calls, and nursing staff to answer questions as needed.

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**Clinical Guidelines and Standards**

- National Heart, Lung, and Blood Institute (at this time, we have adopted primarily) (NHLBI)
- National Institutes of Health (NIH)

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#### Summary Data and Map Pediatric Asthma

Member Population = Females and Males with an age range 5 to 17  
CY 2005



#### Original Member Letter and Provider Letter Mail Out

County Name	Unduplicated Member Count	Unduplicated Provider Count	Member Opt Out
PERRY	206	19	2
Pike	774	43	18
Powell	104	3	1
<b>Grand Total</b>	<b>1,084</b>	<b>65</b>	<b>21</b>

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First Quarter Original and New Member Newsletter Mail Out

County Name	Unduplicated Member Count	Unduplicated 1Q New Member Count	GRAND TOTAL FOR 1Q MAIL OUT
PERRY	204	806	
Pike	755	1,504	
Powell	103	261	
<b>Grand Total</b>	1,063	2,571	3,634

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## BENEFITS

### Commonwealth Essential

Covered Services	Commonwealth Essential	
	In-network	Out-of-Network
Annual Deductible	Single - \$750 Family - \$1,500	Single - \$1,500 Family - \$3,000
Out-of-pocket maximum (excludes prescription drug expenses and emergency room co-payments)	Single - \$3,500 Family - \$7,000	Single - \$7,000 Family - \$14,000
Lifetime maximum	Unlimited	
In-hospital care – provider services, inpatient care, semi-private room, transplant coverage (kidneys, cornea, bone marrow, heart, liver, lungs, heart and lung, and pancreas, or mental health and chemical dependency services	25 %*	50 %*
Outpatient services – physician or mental health provider office visits, diagnostic and allergy testing, allergy serum and injections, diabetes education and therapy; injections, lab fees, X-rays; and mental health or chemical dependency services (members cost includes all services performed on the same day/same site).	25 %*	50 %*
Diagnostic testing – laboratory tests, X-rays and other radiology or imaging services; and ultrasound and approved machine testing services performed for the purpose of diagnosing an illness or injury (members cost includes all services performed on the same day/same site).	25 %*	50 %*
Ambulatory hospital and outpatient surgery services – outpatient surgery services, including biopsies, radiation therapy, renal dialysis, chemotherapy, and other outpatient services not listed under diagnostic testing performed in a hospital or other ambulatory center other than a physician's office.	25 %*	50 %*

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## BENEFITS

### Commonwealth Essential

Covered Services	Commonwealth Essential	
	In-network	Out-of-Network
Preventive care – annual gynecological exam, well child care, and routine physical early detection tests, subject to age and periodicity limits	Plan pays 100% up to a maximum of \$200 per covered individual. Plan pays 100% of eligible immunizations.	
Emergency Services		
Emergency room treatment (Emergency room Co-pay waived if admitted).	\$50 co-pay plus 25%*	\$50 co-pay plus 50%*
Emergency room physician charges	25%*	50%*
Urgent care center treatment	25%*	50%*
Ambulance services	25%*	50%*
Maternity care – prenatal care, labor, delivery, postpartum care, and one ultrasound per pregnancy. Additional ultrasounds subject to prior plan approval.	25%*	50%*
Prescription drugs – Retail (30 day supply)	25%	
1 <sup>st</sup> Tier	Min \$10	Max \$25
2 <sup>nd</sup> Tier	\$20	\$50
3 <sup>rd</sup> Tier	\$35	\$100
Prescription drugs – Mail Order (90 day supply)	25%	
Generic	Min \$20	Max \$50
Preferred Brand	\$40	\$100
Non-preferred Brand	\$70	\$200
Audiometric services in conjunction with a disease, illness or injury	25%*	50%*
Chiropractic services – limited to 26 visits per year, with no more than one visit per day	25%*	50%*

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## BENEFITS

### Commonwealth Essential

Covered Services	Commonwealth Essential	
	In-network	Out-of-Network
Autism Service		
Rehabilitative and therapeutic care services	25 %*	50 %*
Respite care for children ages two through 21 (\$500 maximum per month)	25 %*	50 %*
Hospice care – subject to precertification by the plan	Covered the same as under the federal Medicare program	
Durable Medical Equipment	25 %*	50 %*
Prosthetic devices	25 %*	50 %*
Home health – limited to 60 visits per year	25 %*	50 %*
Physical therapy – limited to 30 visits per year	25 %*	50 %*
Occupational therapy – limited to 30 visits per year	25 %*	50 %*
Speech therapy – limited to 30 visits per year	25 %*	50 %*
Skilled nursing facility services – limited to 30 days per year	25 %*	50 %*
Hearing aids – individuals under 18 years of age, limited to one per ear every three years and a maximum benefit of \$1,400 per ear	25 %*	50 %*

\*Services subject to deductible

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